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Bib Data Sheet

CONFIRMATION NO. 2274

SERIAL NUMBER 10/099,620	FILING DATE 03/15/2002 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. PC11066AAKM
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** CONTINUING DATA *****

This appln claims benefit of 60/276,411 03/16/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/10/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CT	0	23	5
Examiner's Signature	Initials			

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TITLE

COMPOUNDS FOR THE TREATMENT OF ISCHEMIA

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)